

## ER/URGENT CARE FOLLOW UP QUESTIONNAIRE

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ER VISIT DATE: \_\_\_\_\_ ER VISIT TIME: \_\_\_\_\_ ER WAIT TIME: \_\_\_\_\_

ER FACILITY: \_\_\_\_\_

HAVE YOU BEEN SEEN IN OUR OFFICE SINCE THE ER VISIT? YES \_\_\_\_\_ NO \_\_\_\_\_

### REASON FOR THE VISIT

\_\_\_\_\_ Fall \_\_\_\_\_ MVA \_\_\_\_\_ Chest Pain \_\_\_\_\_ UTI \_\_\_\_\_ Shortness of Breath \_\_\_\_\_ Syncope/Dizzy/Fatigue  
\_\_\_\_\_ Abdominal Pain/GI/GU \_\_\_\_\_ Other: \_\_\_\_\_

### MODE OF TRANSPORTATION:

\_\_\_\_\_ Personal Vehicle \_\_\_\_\_ Ambulance \_\_\_\_\_ Other: \_\_\_\_\_

1. IS YOUR CHILD FEELING BETTER THAN WHEN YOU WENT TO THE ER? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ SAME

2. WAS YOUR CHILD PRESCRIBED ANY NEW MEDICATIONS? YES NO SAME IF YES, WHAT IS IT?  
\_\_\_\_\_

3. HAVE YOU FILLED YOUR NEW PRESCRIPTION(S)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

IF NO, WHY NOT (CHECK BELOW):

\_\_\_\_\_ WANTED TO TALK TO MY CHILD'S DOCTOR FIRST \_\_\_\_\_ HAVE NOT HAD TIME YET

\_\_\_\_\_ MEDICATION IS TOO EXPENSIVE \_\_\_\_\_ I KNOW THIS MEDICATION DOES NOT WORK FOR MY CHILD

4. WHAT MADE YOU DECIDE TO GO TO THE ER INSTEAD OF CALLING THE CLINIC OR COMING IN FOR AN APPOINTMENT?  
(CHECK ALL THAT APPLY)

\_\_\_\_\_ NO ANSWER/LONG WAITS ON THE PHONE \_\_\_\_\_ NO APPOINTMENTS AVAILABLE

\_\_\_\_\_ HAPPENED AFTER HOURS

\_\_\_\_\_ DELAYED RESPONSE/CALL BACK- FROM WHOM: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ I DID  
CALL THE CLINIC AND SPOKE WITH: \_\_\_\_\_ DIRECTED BY THE DOCTOR'S OFFICE

\_\_\_\_\_ NOT AWARE THAT DOCTOR IS ON CALL 24/7 \_\_\_\_\_ NOT AWARE TO CALL CLINIC PRIOR TO GOING TO ER

\_\_\_\_\_ DIRECTED BY ANSWERING SERVICE \_\_\_\_\_ DIRECTED BY FAMILY MEMBER/CAREGIVER \_\_\_\_\_ SOMEONE  
ELSE CALLED 911 \_\_\_\_\_ OTHER: \_\_\_\_\_

5. WAS YOUR CHILD ADMITTED (OVERNIGHT STAY) TO THE HOSPITAL FOR THIS PROBLEM? \_\_ YES \_\_ NO

6. WHAT INSTRUCTIONS WERE YOU GIVEN WHEN YOU LEFT? \_\_\_\_\_